Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I								:	SMALL I	ENTITY		OTHER	THAN
FOR			(Column 1)			(Column 2)			TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED		NUMBER EXTRA			RATE	FEE]	RATE	FEE	
BASIC FEE									345.00	OR		690.00	
TOTAL CLAIMS			∂		• 2			X\$ 9=		OR	X\$18=	.36	
INDEPENDENT CLAIMS				3 minus 3 =		•			X39=		OR	X78=	
MU	ILTIPLE DEPEN	IDENT CL	AIM PF	RESENT					+130=		OR	+260=	,
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL		OR	TOTAL	126	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								:	SMALL I	ENTITY	or	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus **			=		X\$ 9=		OR.	X\$18=	
	Independent	*		Minus			=		X39=	-	OR	- X78=	
	FIRST PRESE	NIATION	OF MU	JUIPLE DEI	PENL	DENT CLAIM			+130=		OR	+260=	
									TOTAL		OR	TOTAL	
		(Colum	on 1\		u	Column 2)	(Column 3)	Α[ODIT. FEE		,	ADDIT. FEE	
		(Colum				Column 2) HIGHEST	(Column 3)	AI	ODIT. FEE	ADDI]	ADDIT. FEE	ADDI
ENT B			MS NING ER		PI		PRESENT EXTRA	A	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT B	Total	CLAII REMAII AFTE	MS NING ER	Minus	PI	HIGHEST NUMBER REVIOUSLY	PRESENT			TIONAL	OR		TIONAL
AMENDMENT B	Independent	CLAII REMAII AFTE AMENDI	MS NING ER MENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = =	AL	RATE	TIONAL		RATE	TIONAL
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AMENDMENT B	Independent	CLAII REMAII AFTE AMENDI	MS NING ER MENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = =		RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR	X\$18= X78= +260=	TIONAL
AMENDMENT B	Independent	CLAII REMAII AFTE AMENDI	MS NING ER MENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = =		RATE X\$ 9= X39= +130=	TIONAL	OR OR	RATE X\$18= X78= +260=	TIONAL
AMENDMENT B	Independent	CLAII REMAII AFTE AMENDI * NTATION	MS NING ER MENT OF MU	Minus	PI **	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2)	PRESENT EXTRA = =		RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR	X\$18= X78= +260=	TIONAL
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S	Independent	CLAII REMAII AFTE AMENDI * * * * * * * * * * * * * * * * * *	MS NING ER MENT OF MU OF MU MS NING ER	Minus	PENU	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA = = (Column 3) PRESENT		X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL
S	Independent FIRST PRESE	CLAII REMAII AFTE AMENDI * * * * * * * * * * * * * * * * * *	MS NING ER MENT OF MU OF MU MS NING ER	Minus JLTIPLE DEI	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA		RATE X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18=	ADDI- TIONAL
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